

Multiple-Claim
 Fee Calculation
 Worksheet
 (For Use With Form PTO-875)

**MULTIPLE CLAIM IDENT CLAIM
 FEE CALCULATION SHEET
 (FOR USE WITH FORM PTO-875)**

SERIAL NO. **786086** FILING DATE _____
 APPLICANT _____

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT							
	IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1									
2		1		1								
3		2		1								
4	1		1									
5		1		1								
6		2		1								
7		1		1								
8		1		1								
9		1		1								
10		1		1								
11		1		1								
12		1		1								
13					1							
14						1						
15						1						
16						1						
17						1						
18						1						
19						1						
20						1						
21						4						
22						4						
23						4						
24						4						
25						4						
26						5						
27					1							
28					1							
29												
30												
31												
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43												
44												
45												
46												
47												
48												
49												
50												
TOTAL IND.							2		2		3	
TOTAL DEP.							12		10		32	
TOTAL CLAIMS							14		12		35	